

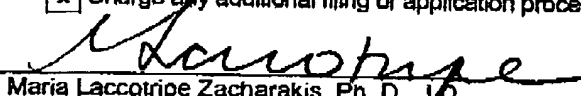
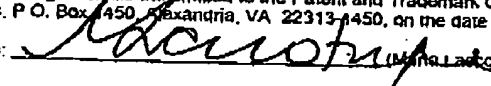
FEB 24 2005

FAX TRANSMISSION**DATE:** February 24, 2005**PTO IDENTIFIER:** Application Number 09/996357-Conf #1918
Patent Number**Inventor:** Malcolm L. GEFTER et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (703) 872-9306**FROM:** LAHIVE & COCKFIELD, LLP
Maria Laccotripe Zacharakis, Ph.D., J.D.**PHONE:** (617) 227-7400**Attorney Dkt. #:** PPI-105**PAGES (Including Cover Sheet):** 13**CONTENTS:** Amendment Transmittal (1 page)
Amendment Response to Final Action (11 pages)

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AMENDMENT TRANSMITTAL LETTER				Docket No. PPI-105	
Application No. 09/896357-Conf. #1918		Filing Date November 27, 2001		Examiner C. J. Nichols	
				Art Unit 1647	
Applicant(s). Malcolm L. GEFTER et al.					
Invention: THERAPEUTIC AGENTS AND METHODS OF USE THEREOF FOR TREATING ANAMYLOIDOGENIC DISEASE					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	11	- 183 =		x	
Independent Claims	2	- 4 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00
<input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>12-0080</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Maria Laccotripe Zacharakis, Ph.D., J.D. Attorney Reg. No.: 56,266				Dated: <u>February 24, 2005</u>	
LAHIVE & COCKFIELD, LLP 28 State Street Boston, Massachusetts 02109 (617) 227-7400					
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (703) 872-9306 at MF AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below. Dated: February 24, 2005 Signature:  (Maria Laccotripe Zacharakis, Ph.D., J.D.)					

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (703) 872-9306 at MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated February 24, 2005 Signature

(Mama Leccotripe Zacharek)

Docket No.: PPI-105
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Malcolm L. Geffer et al.

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FEB 24 2005

Application No.: 09/996357

Confirmation No.: 1918

Filed: November 27, 2001

Art Unit: 1647

For: THERAPEUTIC AGENTS AND METHODS
OF USE THEREOF FOR TREATING AN
AMYLOIDOGENIC DISEASE

Examiner:
NICHOLS, CHRISTOPHER J

AMENDMENT RESPONSE TO FINAL OFFICE ACTION

MS AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Final Office Action mailed November 24, 2004, please amend the application as follows:

Amendments to the Claims are reflected in the listing of the claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 5 of this paper.